

Short Form

540NR C1 Side 1

Your first name		Initial		Last name		Your SSN or ITIN		P AC A R RP
If joint return, spouse's/RDP's first name		Initial		Last name		Spouse's/RDP's SSN or ITIN		
Address (including number and street, PO Box, or PMB no.)							Apt. no./Ste. no.	
City (If you have a foreign address, see page 9)						State	ZIP Code	
Prior Name	If you filed your 2006 tax return under a different last name, write the last name only from the 2006 return.							
	<input type="radio"/> Taxpayer <input type="radio"/> Spouse/RDP							
Filing Status	1 <input type="radio"/> Single 4 <input type="radio"/> Head of household (with qualifying person). (see page 3) 2 <input type="radio"/> Married/RDP filing jointly. (see page 3) 5 <input type="radio"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____. If your California filing status is different from your federal filing status, fill in the circle here. <input type="radio"/>							
Residency	<input type="radio"/> State of residence: Yourself _____ Spouse/RDP _____ <input type="radio"/> Dates of California residency: Yourself from _____ to _____ Spouse/RDP from _____ to _____ <input type="radio"/> State or country of domicile: Yourself _____ Spouse/RDP _____							
	6 If someone can claim you (or your spouse/RDP) as a dependent, fill in the circle (see page 9) <input type="radio"/> 6							
Exemptions	► For line 7, line 8, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only 7 Personal: If you filled in 1 or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see page 9 7 <input type="checkbox"/> X \$94 = \$ _____ 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 <input type="checkbox"/> X \$94 = \$ _____ 10 Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. _____ Total dependent exemptions <input type="radio"/> 10 <input type="checkbox"/> X \$294 = \$ _____ 11 Exemption amount: Add line 7 through line 10. 11 _____ \$ _____							
Total Taxable Income	12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2, line 3 <input type="radio"/> 12 _____ 00 13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10 13 _____ 00 If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR. 14 Unemployment compensation and military pay adjustment. (see page 9) <input type="radio"/> 14 _____ 00 17 Adjusted gross income from all sources. Subtract line 14 from line 13. <input type="radio"/> 17 _____ 00 18 Standard deduction for your filing status. If you filled in the circle on line 6, see page 10. • Single \$3,516 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$7,032 <input type="radio"/> 18 _____ 00 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- 19 _____ 00 20 Tax on the amount shown on line 19 <input type="radio"/> 20 _____ 00 21 CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1). Military servicemembers see line 14 instructions, page 9. <input type="radio"/> 21 _____ 00 22a CA Standard Deduction Percentage. Divide line 21 by line 17. If more than 1, enter 1.0000 22a _____ 22b CA Prorated Standard Deduction. Multiply line 18 by line 22a 22b _____ 00 22c CA Taxable Income. Subtract line 22b from line 21. If less than zero, enter -0- <input type="radio"/> 22c _____ 00 23 CA Tax Rate. Divide line 20 by line 19 23 _____ 00 24 CA Tax Before Exemption Credits. Multiply line 22c by line 23. 24 _____ 00 25 CA Exemption Credit Percentage. Divide line 22c by line 19. If more than 1, enter 1.0000 25 _____ 26 CA Prorated Exemption Credits. Multiply line 11 by line 25 26 _____ 00 27 CA Regular Tax Before Credits. Subtract line 26 from line 24. If less than zero, enter -0- <input type="radio"/> 27 _____ 00							

← Your name: _____ Your SSN or ITIN: _____

28 Amount from Side 1, line 27 28 _____ 00

35 Nonrefundable renter's credit. (see page 10) ● 35 _____ 00

42 Total tax. Subtract line 35 from line 28. ● 42 _____ 00

43 California income tax withheld (Form(s) W-2, box 17 or CA Sch W-2CG, box 17) ● 43 _____ 00

54 Overpaid tax. If line 43 is larger than line 42, subtract line 42 from line 43 ● 54 _____ 00

55 Tax due. If line 43 is less than line 42, subtract line 43 from line 42 55 _____ 00

Contributions

Alzheimer's Disease/Related Disorders Fund	● 58	00	CA Firefighters' Memorial Fund	● 63	00
CA Fund for Senior Citizens	● 59	00	Emergency Food Assistance Program Fund	● 64	00
Rare and Endangered Species Preservation Program	● 60	00	CA Peace Officer Memorial Foundation Fund	● 65	00
State Children's Trust Fund for the Prevention of Child Abuse ..	● 61	00	CA Military Family Relief Fund	● 66	00
CA Breast Cancer Research Fund	● 62	00	CA Sea Otter Fund	● 67	00

68 Add line 58 through line 67. These are your total contributions ● 68 _____ 00

Amount You Owe

69 **AMOUNT YOU OWE.** Add line 55 and line 68. (see page 10) **Do Not Send Cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 69 _____ 00
Pay Online – Go to our Website at www.ftb.ca.gov and search for **Web Pay**.

Refund and Direct Deposit

73 **REFUND OR NO AMOUNT DUE.** Subtract line 68 from line 54.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● 73 _____ 00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip (see page 10).
Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 73) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking			_____ 00
<input type="checkbox"/> Savings			
● Routing number	● Type	● Account number	● 74 Direct deposit amount

The remaining amount of my refund (line 73) is authorized for direct deposit into the account shown below:

<input type="checkbox"/> Checking			_____ 00
<input type="checkbox"/> Savings			
● Routing number	● Type	● Account number	● 75 Direct deposit amount

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint return? (see page 10)

Your signature

Spouse's/RDP's signature (if filing jointly, both must sign)

Daytime phone number (optional)

() _____

X

X

Date

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/PTIN

Firm's name (or yours if self-employed)

Firm's address

FEIN